

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40533

(2)

1. Corporation Name

CLASSIC SOFT TRIM, INC.

Principal Place of Business

BUILDING 2, SUITE 650
1250 CAPITAL OF TEXAS HWY. SOUTH
AUSTIN TX 78746

Mailing Address

BUILDING 2, SUITE 650
1250 CAPITAL OF TEXAS HWY. SOUTH
AUSTIN TX 78746



2. Principal Place of Business

21 13441 LINE CREEK RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1899
Suite, Apt. #, etc.

22 City & State

23 LEANDER, TX
Zip

Country

24 78641

25 USA

27 City & State

28 CEDAR PARK, TX
Zip

Country

29 78630

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
09/17/1992

3a. Date of Last Report
05/18/1995

4. FEI Number

76-0281362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FORRISTER, DWIGHT
STREET ADDRESS 1250 CAPITAL OF TEXAS HWY
CITY-STATE-ZIP AUSTIN TX

TITLE VPT ☒ DELETE

NAME SHEPPARD, JON
STREET ADDRESS 1250 CAPITAL OF TEXAS HW
CITY-STATE-ZIP AUSTIN TX

TITLE S ☒ DELETE

NAME GELLEN, AMMIE
STREET ADDRESS 1250 CAPITAL OF TEXAS HW
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13441 LINE CREEK RD.
1.4 CITY-STATE-ZIP LEANDER, TX 78641

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS SCOTT FEIGLESON
13441 LINE CREEK RD.
2.4 CITY-STATE-ZIP LEANDER, TX 78641

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(512) 257-2500

CR2E034 (12/95)